

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033406

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 340Primary Registration District No. 6152Registrar's No. 91

FILED AUG 27 1962

1. PLACE OF DEATH

a. COUNTY Stoddardb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN LibertyLength of stay in 1b
8 mo.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Green Meadows Rest HomeInside Limits
☐ No ☒ Yes2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Waynec. CITY OR TOWN PiedmontInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
William George Manhart4. DATE OF DEATH
Month Day Year
August 15, 19625. SEX
male6. COLOR OR RACE
white7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒8. DATE OF BIRTH
7-6-19039. AGE (last birthday)
59IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Tavern Owner (Ret.)10b. KIND OF BUSINESS OR INDUSTRY
Tavern owner11. BIRTHPLACE (City and state or country)
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Edward Manhart

13b. MOTHER'S MAIDEN NAME

Birdie O'Donnell

14. NAME OF HUSBAND OR WIFE

divorced15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no ☒ ☒ ☒ ☒ ☒ ☒ ☒ ☒

16. SOCIAL SECURITY NO.

17. INFORMANT Address
John W. Ringer Dexter, Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:IMMEDIATE CAUSE (a) Cerebral ThrombosisINTERVAL BETWEEN
ONSET AND DEATH
5 months agoConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.DUE TO (b) HypertensionUnknownDUE TO (c) ArteriosclerosisUnknownPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April, 1962 to August, 1962 and last saw him alive on August 15, 1962
Death occurred at 8:00 p.m. the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

Floyd C Northington, D.O.

22b. ADDRESS

Dexter, Missouri

22c. DATE SIGNED

Aug 16, 196223a. BURIAL, CREMATION,
REMOVAL (Specify)Removal

23b. DATE

8-17-62

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Mo.

24. FUNERAL DIRECTOR

Watkins & Sons

ADDRESS

Dexter, Mo.

25. DATE RECD. BY LOCAL REG.

8-16-62

26. REGISTRAR'S SIGNATURE

Velma V. Jenkins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

MAY 9 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marsh W. Walters

Licensed Embalmer No. 4717

P. O. Address Dexter Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.